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CONFIRMATION NO. 6937

<b>SERIAL NUMBER</b> 10/091,860	<b>FILING OR 371(c) DATE</b> 03/06/2002 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b>	
<b>APPLICANTS</b> Steven R. Cox, San Jose, CA; Thomas R. Quirk, San Jose, CA; <i>VM</i>					
<b>** CONTINUING DATA *****</b> <i>WZ</i>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 04/08/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>WZ</i> Verified and Acknowledged <i>WZ</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Doyle B Johnson Reed Smith LLP Two Embarcadero Center Suite 2000 San Francisco, CA 94111 <i>WZ</i>					
<b>TITLE</b> System for improving logistics, tracking and billing for worker's compensation insurance <i>WZ</i>					
<b>FILING FEE RECEIVED</b> 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		